Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-2797

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Ple	ase mark the appro	- p						
	INITIAL A	PPLICATION	☐ CHANGE OF PR	HMARY ADDRESS				
	☐ CHANGE	OF NAME	☐ CHANGE IN ADDITIONAL SITES (ATTACHMENT A)					
	☐ CHANGE	IN ACCREDITATION	OTHER CHANG	OTHER CHANGE(S)				
1.	Name of Applicant Trident University	ant (the institutional name under which postsecondary educational programs are provided): ity International						
2.	Applicant's Main Address (<i>Additional sites listed on Attachment A</i>): 5757 Plaza Drive, Suite 100							
	5757 Plaza Drive,	Suite 100						
	5757 Plaza Drive, (Street Address)	Suite 100		XV150-17				
		Suite 100	CA	90630				
	(Street Address)	Suite 100	CA (State)	90630 (ZIP Code)				
	(Street Address) Cypress	Suite 100						
	(Street Address) Cypress (City)	Suite 100						
t	(Street Address) Cypress (City) www.trident.edu (Website)	Suite 100 Danielle Marquez						
3.	(Street Address) Cypress (City) www.trident.edu			(ZIP Code)				
3.	(Street Address) Cypress (City) www.trident.edu (Website)	Danielle Marquez		(ZIP Code) Compliance Assistant				
3.	(Street Address) Cypress (City) www.trident.edu (Website)	Danielle Marquez (Name)		(ZIP Code) Compliance Assistant				
3.	(Street Address) Cypress (City) www.trident.edu (Website)	Danielle Marquez (Name) 714-816-0366 ext. 2498	(State)	(ZIP Code) Compliance Assistant (Title)				

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

E7E7 Diaza	anization Name)			
3/3/ Plaza	Drive, Suite 100			
(Street Addr	·			
Cypress	C/	\	90630	
(City)	(S	tate)	(ZIP Code)	
the Applicant	an instrumentality of the State under the jurisdic	tion of the South Dak	ota Board of Regents?	
YES	■ NO			
I£ "N		er (abaak ana of tha	fallaccina).	
	O", please indicate whether the Applicant is eiti			
Legally established to operate in South Dakota as a private business entity; or				
		iversity International, L	_ C	
	South Dakota Corporate Name	Total Title		
П.	agally actablished to approte in South Daketo	na a not for profit corn	aratian	
<u></u>	egally established to operate in South Dakota	as a not-for-profit corp	oration.	
	South Dakota Corporate ID		-	
	South Dakota Corporate ID South Dakota Corporate Name		_	
s the Applicant	South Dakota Corporate Name	by the United States	 Department of Education? 	
		by the United States	– — Department of Education?	
s the Applicant :	South Dakota Corporate Name	·	·	
YES	South Dakota Corporate Name	·	·	
YES	South Dakota Corporate Name accredited by an accrediting agency recognized The Western Association of	·	·	
YES Acc 985 (Stre	South Dakota Corporate Name accredited by an accrediting agency recognized rediting Agency: Atlantic Avenue, Suite 100 eet Address)	f Schools and College	PS	
YES Acc 985 (Street	South Dakota Corporate Name accredited by an accrediting agency recognized rediting Agency: Atlantic Avenue, Suite 100 set Address) neda	f Schools and College	94501	
YES Acc 985 (Stre	South Dakota Corporate Name accredited by an accrediting agency recognized rediting Agency: Atlantic Avenue, Suite 100 set Address) neda	f Schools and College CA (State)	PS	
Acc 985 (Stre Alar (City	South Dakota Corporate Name accredited by an accrediting agency recognized rediting Agency: Atlantic Avenue, Suite 100 set Address) neda	f Schools and College	94501	
YES Acc 985 (Stree Alar (City	South Dakota Corporate Name accredited by an accrediting agency recognized rediting Agency: The Western Association of the Address of the	CA (State) March 2013	94501	

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

Dated 2122014

(Signature of an authorized officer)

(Printed name)

President and CEO

(Title)

Submit Application to:

South Dakota Secretary of State Corporations Division 500 East Capitol, Suite 204 Pierre, SD 57501

or Save and Submit By Email to sos.edu@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1.	N/A			
٠.	(Name)			
	(Street Address)			
	(City)	(State)	(ZIP Code)	
2.	(Name)			
	(Street Address)			
	(City)	(State)	(ZIP Code)	
3.	(Nama)			_
	(Name)			
	(Street Address)			
	(City)	(State)	(ZIP Code)	
4.				
	(Name)			
	(Street Address)			
	(City)	(State)	(ZIP Code)	_

(Make additional copies of this Attachment as may be necessary and submit with Application)